lowa Diabetes Action Plan



| Patient Name: | | DOB: | | Medical | Record #: | |
|--|----------------|--------------------|---------------|---------|--------------------|------------------|
| | | | | | | |
| W | y Heal | th Go | pal | | | |
| My Health Goal Is: | | | | | | |
| (Example: To be more physically active by | | | | | | |
| going on walks) | | 2/:/ | | | | |
| From 0 to 10, how important is it to you to ma | ike this chang | e? (circle on 7 | e) 8 | 9 | 10 | |
| | 50/50 | 1 | Very | 9 | Extremely | |
| | | | Important | | Important | |
| Why didn't you rank this question at a lower n | | | | | | |
| What would it take for you to rank this question of to 10, how ready are you at this point | | | sla anal | | | |
| | | nanger (circ | • | 0 | 40 | |
| 0 1 2 0 1 | 5 6 50/50 | 1 | 8 Van | 9 | 10 | |
| Not at all A little | 30/30 | | Very Ready | | Extremely Ready | |
| Why didn't you rank this question at a lower n | number? | | | | | |
| What would it take for you to rank this question at a higher number? | | | | | | |
| How often I will do it: | Daily Ev | ery other d | ay | Weekly | Before | next appointment |
| (circle one) | • | | | | | |
| When I will do it: | | | | | | |
| (ex. After supper) Where I will do it: | | | | | | |
| (ex. Around my neighborhood and the park) | | | | | | |
| From 0 to 10, how confident am I that I can reach my goal? (circle one) | | | | | | |
| 0 1 2 3 4 | 5 6 | 7 | 8 | 9 | 10 | |
| Not at all A little | 50/50 | | Very | | Extremely | |
| | | | Confident | | Confident | |
| Why didn't you rank this question at a lower number? | | | | | | |
| What would it take for you to rank this question at a higher number? | | | | | | |
| What else could help make you | | | | | | |
| successful in this behavior change? | | | | | | |

| <u>Fol</u> | <u>low-up</u> | <u>Plan</u> |
|------------|---------------|-------------|
| | | |

When: How:

My Goal Progress Record

(Comment about how you're doing on your goal in the space below)

| Date | Comments on Progress Toward Goal |
|------|----------------------------------|
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Follow-up Visit/Call:

Did I achieve my goals?

If not, what kept me from my goal?

What did I learn from working on this goal?

What is my next step?



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